Eerm 9-311	עון און און און און און און און און און א	CONS. COMISSION	CSF Form approved.	
(May 1963) DEPARTMENT JF THE INGEERIAR Har Berlo			Budget Bureau No. 42-R1424. 5. LEASE DEBIUNATION AND BERIAL NO.	
GEOLOGICAL SURVEY			LC-060971	
SUNDRY NOT (Do not use this form for propo Use "APPLIC.	TICES AND REPORTS O	N WERESEIVED	6. IF INDIAN, ALLOTTEE O	N TRIBE NAME
1. 011. GA <b>S</b>		JUN 1 4 1982	7. UNIT AGREEMENT NAME	
WE'LL WELL OTHER		O. C. D. ARTESIA, OFFICE	Square Lake 8. FARM OR LEASE NAME N. Fidel "A"	<u>Flood (E</u> ast)
NEWMONI U	<u>IL COMPANY V</u>		9. WELL NO.	<u></u>
P. O. BOX	<u>1305, ARTESIA, N.N</u>	M. 88210	5 10. FIELD AND POOL, OR W	
4 LOCATION OF WELL (Report location ( See also space 17 below.) At surface	clearly and in accordance with any St	tate requirements.*	Square Lake	
	' FEL of Sec. 29-16	5 - 3 1	11. BBC., T., B., M., OB BLK BURVET OF AREA Sec. 29-165-3	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, R	IT, GR, etc.)	12. COUNTY OR PARISH 1	8. STATE
	3980'		Eddy	<u>N.M.</u>
16. Check A	ppropriate Box To Indicate Na	ture of Notice, Report, or C	Other Data	· _
NOTICE OF INTE			IENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WEL	.L.
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASI	NG
SHOOT OR ACIDIZE	ABANDON* XX	SHOOTING OR ACIDIZING	ABANDONMENT*	
	CHANGE PLANS	(Other) (Norz: Report results	of multiple completion on etion Report and Log form.	Well
(Other) 17. DESCRIBE PROPOSED OR COMPLETED OP proposed work. If well is directing net to this work.)*	ERATIONS (Clearly state all pertinent ionally drilled, give subsurface location	details and give pertinent dates	including estimated date of	f starting any
	and abandon the al	bove well as foll	ows:	
1. Pull tubing and	packer			•
2. Spot 50 sack ce	ment plug across p	roducing interval	in cased hol	٤.
	se of salt and sque		. /	
	p of salt and squee			
5. Set 15 sack ce	ment plug at surfac	ce down surface a	nd production	casing
6. Erect permanen	t well marker.			
(B). A	our office will be ll plugs will be to ole will be loaded	agged		
(D), W	le do not plan to pi	ull any casing.		÷
* Jeave 100'c	ement plug -	inside or	42 caring	acrott
from perfs.			· · · · · · · · · · · · · · · · · · ·	
18. I hereby certify that the foregoing		rea Manager	DATE6/3	/ 8 2
(This space for Federal or Sector	Vertities			
(This space for Federal or SPACE on (Orig. Space) PETER	W. CHESTER	កាទ	הזיהואברה	
CONDITIONS OF APPROVAL, IF.	TATLE			
FOR	A. GILLHAM See Instructions	on Reverse Side	5月~ 1982 201	
	T SUPERVISOR	:0 :	ONLA GAS DECROGICAL SURVEY FITTI FILL MINICO	